

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10	1							60					
11		1						61					
12			1					62					
13				1				63					
14					1			64					
15						1		65					
16							1	66					
17								67					
18								68					
19								69					
20								70					
21								71					
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32								82					
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36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2												
TOTAL DEP.	14												
TOTAL CLAIMS	16												